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appropriate. All further co- indicated unless corrected maintenance fee notification	below or directed otherwise ns.	ratent, advance or in Block 1, by (a	ders and notif	ication of mainten:	ance tees u	red). Blocks I through 5 s rill be mailed to the current and/or (b) indicating a sepa	correspondence address
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APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,103 10/28/2003			Huey-Chia	ng Liou		ITL.1054US (P17790)	4735
	ANGMUIR-BLODGETT C						
APPLN. TYPE	SMALL ENTITY			PUBLICATION	FEE	TOTAL FEE(S) DUE	DATE DUÉ
nonprovisional NO		\$1370		\$300	\$300 \$1670 		03/07/2005
EXAMINER		ART UNIT		CLASS-SUBCL	ASS		
DANG, TRUNG Q		2823		438-78000	0		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Trop, Pruner & Hu, P.C.				
recordation as set forth in	an assignee is identified be 1 37 CFR 3.11. Completion	of this form is NO	data will appe I a substitute f	ar on the patent. I or filing an assignm	f an assign ient.	ee is identified below, the c	locument has been filed
(A) NAME OF ASSIGN	EE	(B	) RESIDENCI	E: (CITY and STAT	TE OR COU	JNTRY)	
Intel	Corporation		Santa Cla	ra, California			
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the pa	tent): 🗖 Individ	iual 🛛 Co	orporation or other private gr	oup entity Governm
4a. The following fee(s) are	enclosed:	4b	Payment of F	` '		<u> </u>	
Issue Fee		A check in the amount of the fee(s) is enclosed.					
Publication Fee (No s Advance Order - # of	-a)	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Status	(from status indicated above	)	Deposit Acco	uni Number <u>XD</u>	1247	(enclose an extra c	opy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).